

Cumberland Regional School District

INITIAL FAMILY LEAVE INQUIRY

EMPLOYEE NAME: _____

LEAVE IS	<input type="checkbox"/> Continuous	It is expected to begin on: _____
		It is expected to end on (last day): _____
	<input type="checkbox"/> Intermittent	First day out is expected on: _____
		Other known dates to be out: _____
	<input type="checkbox"/> Reduced Leave Schedule	Schedule Being Requested: _____
		<i>(reduces an employee's usual number of working hours per workweek, or hours per workday)</i>

DUE TO	<input type="checkbox"/>	Birth of a child or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child within one year of the date the child is born or placed with the employee.			
	<input type="checkbox"/>	Your own serious health condition.			
	<input type="checkbox"/>	You are needed to care for the following family member due to serious health condition/quarantine:			
	<input type="checkbox"/>	Spouse	Parent	Parent-in-law	Sibling
	<input type="checkbox"/>	Child: _____ years of age	Civil Union Partner	Grandparent	
	<input type="checkbox"/>	Child 18 years or older and incapable of self-care because of a mental or physical disability			
	<input type="checkbox"/>	A qualifying exigency arising out of the fact that the following family member is on covered active duty or has been notified of an impending call or order to covered active duty status:			
	<input type="checkbox"/>	Spouse	Parent	Child	
<input type="checkbox"/>	You are needed to care for the following family member who is a covered servicemember with a serious injury or illness:				
	<input type="checkbox"/>	Spouse	Parent	Child	Next of kin

PAID/ UNPAID	Qualifying FMLA/NJFLA leave is UNPAID; however, Cumberland Regional allows you to use your accumulated paid days (sick/personal/vacation) at the beginning of your leave. Any paid and unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available in the applicable 12-month period.			
	<input type="checkbox"/>	I plan to use accumulated paid days for all of my leave.		
	<input type="checkbox"/>	I plan to use no accumulated paid days and go unpaid for the duration of my leave.		
	<input type="checkbox"/>	I plan to use a combination of paid and unpaid days for my leave.		
	<input type="checkbox"/>	I expect my leave to be paid under a worker's compensation policy (applicable for worker's compensation leaves lasting 8 or more days).		

* FMLA: Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

*NJFLA: Parents may include step-parents, foster parents, adoptive parents or others having a parent-child relationship with an employee.